

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED

APR 29 2005

CITY OF FORT WORTH

CITY SECRETARY

(Ethics Commission filers)

FORM C/OH

COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1

Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

NICKNAME

LAST

SUFFIX

DR.

BYRON

DE

SOUSA

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

7733 BLOSSOM DR



Change of Address

Ft. Worth, TX 76133

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 370-8667

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

NICKNAME

LAST

MI

SUFFIX

MR.

WALTER

W.

KESLER

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Receipt #

Amount

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE

3937 ANEWBY WAY Ft. Worth, TX 76133

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 428-3050

9 REPORT TYPE



January 15



30th day before election



Runoff



15th day after campaign treasurer appointment (officeholder only)



July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

3 / 29 / 05

THROUGH

Month

Day

Year

4 / 27 / 05

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 07 / 05

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council - Dist. 6

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code



additional pages

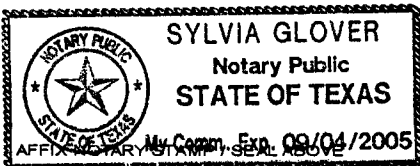
GO TO PAGE 2

STATE / COUNTY CHAIR CAMPAIGN FINANCE REPORT: SUPPORT & TOTALS

FORM SC C/OH
COVER SHEET PG 2

15 FILER NAME BYRON DE SOUSA		16 ACCOUNT # (Ethics Commission filers)	
17 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> additional pages	<p>.. This box is for notice of political expenditures by political committees to support the candidate. <i>These expenditures may have been made without the candidate's knowledge or consent.</i> Candidates are required to report this information only if they receive notice of such expenditures. ..</p>		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	DR. BYRON SOUSA FOR City Council	
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS	
		7733 BLOSSOM DR - Ft. WORTH, TX 76133	
	COMMITTEE CAMPAIGN TREASURER NAME		
	WALTER W. KESLER		
	COMMITTEE CAMPAIGN TREASURER ADDRESS		
	3937 ANEWBY WAY, Ft. WORTH, 76133		
18 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 1,085⁰⁰
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,885⁰⁰
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 734⁶⁷
	4.	TOTAL POLITICAL EXPENDITURES	\$ 6,597⁹⁷
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 12,795⁰⁰
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ - 0 -

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate

Sworn to and subscribed before me, by the said Byron Sousa, this the 29th day of April, 2005, to certify which, witness my hand and seal of office.

Sylvia Glover
Signature of officer administering oath

Sylvia Glover
Printed name of officer administering oath

Notary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME BYRON DE SOUSA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 3-29-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert Bonilla 6 Contributor address; City; State; Zip Code 7801 GRASSLAND DR Fort Worth, TX 76133	7 Amount of contribution (\$) 100 ⁰⁰	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) TEACHER		10 Employer (See Instructions) FWISD	
Date 4-6-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clifford E. Laechelin Contributor address; City; State; Zip Code 4901 BARBERRY DR Fort Worth, TX 76133	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4-8-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: M. BASEM CHAKER Contributor address; City; State; Zip Code 11803 South Frwy, Suite 363 Burleson, TX 76028	Amount of contribution (\$) 1,000 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions)	
Date 4-8-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jack E Barbara TURNER Contributor address; City; State; Zip Code 2420 Winton Terrace West Ft. Worth, TX 76109	Amount of contribution (\$) 250 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date 4-22-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: PETER KOWALSKI Contributor address; City; State; Zip Code 1814 B EIGHTH AVE. Ft. Worth, TX 76110	Amount of contribution (\$) 100 ⁰⁰	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) SELF	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME BYRON DE SOUSA		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4-22-05	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: G. F. DOMINIAK	7 Amount of contribution (\$) 500⁰⁰	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 4401 CARDIFF AVE. Ft. Worth, TX 76133.			
9 Principal occupation / Job title (See Instructions) RETIRED		10 Employer (See Instructions)	
Date 4-22-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEEVE MEEKS	Amount of contribution (\$) 1,500⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 309 WEST 7TH STREET Ft. Worth, TX 76102			
Principal occupation / Job title (See Instructions) ATTORNEY AT LAW		Employer (See Instructions)	
Date 4-22-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BEN LANFORD	Amount of contribution (\$) 250⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1111 JACKSBORO HWY Ft. Worth, TX 76147			
Principal occupation / Job title (See Instructions) BUSINESSMAN		Employer (See Instructions)	
Date 4-22-05	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CLYDE PIGHT	Amount of contribution (\$) 1,000⁰⁰	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5016 MONARD A WAY Ft. Worth, TX 76123			
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

BYRON DE SOUSA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

3-29-05

Michael Franks Printing

6 Payee address; City; State; Zip Code602 Koehl
Wharton, TX 774881,177⁵⁰**8** Purpose of payment (See instructions regarding type of information required.)

Yard signs

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-1-05

Costco Wholesale

Payee address; City; State; Zip Code

Font Worth, TX Store # 489

177⁷⁹**8** Purpose of payment (See instructions regarding type of information required.)

Food & BEVERAGE

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-2-05

FEDEX KINKO'S

Payee address; City; State; Zip Code

4485 BRYANT IRVIN Rd
Ft. Worth, TX 76132627⁸⁵**8** Purpose of payment (See instructions regarding type of information required.)

Brochures

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

4-4-05

FAST SIGNS

Payee address; City; State; Zip Code

4629 S. COOPER St. 111
ARLINGTON, TX 76017133⁶⁵**8** Purpose of payment (See instructions regarding type of information required.)

MAGNETIC MATERIAL

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

BYRON DE SOUSA

3 ACCOUNT # (Ethics Commission filers)**4** Date

4-6-05

5 Payee name

FAST SIGNS

6 Payee address; City; State; Zip Code4629 S COOPER ST. 111
ARLINGTON, TX 76017**7** Amount (\$)276⁷⁵**8** Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAGNETICS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-11-05

Payee name

OUTBACK TYPE & DESIGN

Payee address; City; State; Zip Code

3700 FALCONCREST DRIVE
JOSHUA, TX 76058

Amount (\$)

1,019.⁷¹

Purpose of payment (See instructions regarding type of information required.)

FLYERS

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-13-05

Payee name

CHRIS VAUGHAN

Payee address; City; State; Zip Code

5009 Overton Ridge Blvd. Apt. 723
Fort Worth, TX 76132

Amount (\$)

200.⁰⁰

Purpose of payment (See instructions regarding type of information required.)

WEB Page

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-13-05

Payee name

USPS

Payee address; City; State; Zip Code

WEDGEWOOD station
Ft. Worth, TX 76133

Amount (\$)

185.⁸³

Purpose of payment (See instructions regarding type of information required.)

Mailings

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

BYRON DE SOUSA

3 ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount (\$)

4-23-05

TO WIN YOUR RACE, LLC

6 Payee address; City; State; Zip Code557 Woodview DR
Longwood, FL 32779800⁰⁰**8** Purpose of payment (See instructions regarding type of information required.)

Phone calls -

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-26-05

DONALD DOYLE

Payee address; City; State; Zip Code

24 Wilkie Way
Ft. Worth, TX 7613389⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Yard Signs Posts

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-15-05

Costco Wholesale

Payee address; City; State; Zip Code

Fort Worth, TX store # 489

183⁷⁰

Purpose of payment (See instructions regarding type of information required.)

Stamps

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

4-15-05

USPS

Payee address; City; State; Zip Code

WEDGWOOD station
Ft. Worth, TX 76133370⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Mailings

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:**2** FILER NAME

BYRON DE SOUSA

3 ACCOUNT # (Ethics Commission filers)**4** Date

4-18-05

5 Payee name

USPS

6 Payee address; City; State; Zip CodeWEDG wood station
Ft. Worth, TX 76133**7** Amount
(\$)

7400

8 Purpose of payment (See instructions regarding type of information required.)

stamps

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-18-05

Payee name

USPS

Payee address; City; State; Zip Code

cityview station
Ft. Worth, TX 76132Amount
(\$)370⁰⁰

Purpose of payment (See instructions regarding type of information required.)

Stamps

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-19-05

Payee name

T-MOBILE

Payee address; City; State; Zip Code

PO BOX 790047
St. Louis, MO 63179Amount
(\$)103⁵²

Purpose of payment (See instructions regarding type of information required.)

TELEPHONE

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4-18-05

Payee name

Clifford E. Laechelin

Payee address; City; State; Zip Code

4901 Barberrry Dr
Ft. Worth, TX 76133Amount
(\$)

7400

Purpose of payment (See instructions regarding type of information required.)

Stamps -

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

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